

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ROMNEY FOR PRESIDENT, INC.

**A. Full Name (Last, First, Middle Initial)**

MICHAEL FALESCH

Mailing Address 2429 SPRING ST APT 4304

City	State	Zip Code
WOODRIDGE	IL	60517-4220

FEC ID number of contributing federal political committee.

C

Name of Employer  
UNITED VAN LINESOccupation  
O/O TRUCK DRIVER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

265.00

Transaction ID : SA17.2558478

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

165.00

**B. Full Name (Last, First, Middle Initial)**

SAM FALES

Mailing Address 6457 SUNDOWN TRAIL

City	State	Zip Code
COLUMBIA	MD	21044-6060

FEC ID number of contributing federal political committee.

C

Name of Employer  
FIRST FINANCIAL GROUP DCOccupation  
FINANCIAL ADVISOR

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Transaction ID : SA17.2403727

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**C. Full Name (Last, First, Middle Initial)**

MR. JACOB T. FALFAS

Mailing Address 4215 WALNUT CREEK LANE

City	State	Zip Code
SANDUSKY	OH	44870-7349

FEC ID number of contributing federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTSOccupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.2421768

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

915.00

Total This Period (last page this line number only).....